

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/29/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155752		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/16/2012	
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE NURSING AND MEMORY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 18325 BAILEY AVE SOUTH BEND, IN 46637			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00106227 completed on 4/10/12.</p> <p>Complaint IN00106227 - Not corrected.</p> <p>Survey date: May 16, 2012</p> <p>Facility number: 004732 Provider number: 155752 AIM number: 200808300</p> <p>Survey team: Vicki Manuwal, RN-TC</p> <p>Census bed type: SNF/NF 34 Total 34</p> <p>Census payor type: Medicaid 24 Other 10 Total 34</p> <p>Sample: 3</p> <p>Morningside Nursing and Memory Care Center was found to be in compliance with 42 CFR Part 483 Subpart B with regard to Complaint IN00106227.</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality Review 5/17/12 by Suzanne Williams, RN						

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F9999	<p>STATE FINDING:</p> <p>The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following: (1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to, any: (A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents. If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division. (2) Promptly arranging for: (A) medical; (B) dental; (C) podiatry; or (D) nursing; care or other health care services as prescribed by the attending physician. (3) Obtaining director approval prior to the admission of an individual under eighteen (18) years of age to an adult facility. (4) Ensuring that the facility maintains, on the premises, times</p>		F9999	<p>The facility will ensure that incidents involving resident to resident altercations are reported to the State per requirement. Residents involved in the identified incident had a complete follow up and had no negative outcomes per incident. Other charts have been reviewed to identify other issues that should have been reported, no findings at this time. Nurses will be in-serviced on reportable issues. The DON or designee will review nursing notes at least weekly to identify issues that should be reported. Audits will be reported to the QA team at least monthly for review for 6 months or until issues are considered resolved. Request Paper Compliance</p>		05/30/2012	

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	<p>schedules and an accurate record of actual time worked that indicates the: (A) employees' full names; and (B) dates and hours worked during the past twelve (12) months. This information shall be furnished to the division staff upon request. (5) Maintaining a copy of this article and making it available to all personnel and the residents. (6) Maintaining reports of surveys conducted by the division in each facility for a period of two (2) years and making the reports available for inspection to any member of the public upon request.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report to ISDH (Indiana State Department of Health) an incident involving a resident to resident altercation for 1 of 3 residents reviewed for reportable occurrences in a sample of 3.</p> <p>Resident # D</p> <p>Findings include:</p> <p>1. The clinical record for Resident # D was reviewed on 5/16/12 at 12:00 P.M. The resident's diagnoses included, but were not limited to: Alzheimer's dementia, depression, and chronic</p>						

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	<p>anxiety.</p> <p>Review of a "Nurse's Notes" dated 5/3/12, indicated, "...At approx (approximately) 4:00 p (P.M.) another resident entered room (number) and resident states he twisted her wrist. Residents were seperated (sic) for safety. Res (Resident) c/o (complaining of) pain @ (at) Rt. (right) wrist & will not grasp or squeeze at this time. No swelling or redness noted. No visible injury...."</p> <p>Review of the facility incident reports since 4/27/12 lacked documentation of this incident.</p> <p>During interview with the DON on 5/16/12 at 2:12 P.M., she indicated there is not an incident report for the 5/3/12 occurrence. She further indicated the resident always complains of pain and makes things up.</p> <p>Interview with the Administrator on 5/16/12 at 2:25 P.M., indicated, based on the documentation, the incident was not reported.</p> <p>Review of a facility policy titled "Accident/Incident and Unusual Occurrence Policy" undated, indicated, "...All employees are responsible for promptly reporting to the nurse in charge,</p>						

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	<p>their immediate supervisor or other department head, any occurrence which has or could have resulted in injury to residents...Accident/Incident Reports shall include...physical...abuse..."</p> <p>This state finding relates to Complaint IN00106227.</p> <p>3.1-13(g)(1)</p>						